

**Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report**

Delbert Hosemann
SECRETARY OF STATE

Name of Committee Scott DelanoAddress PO Box 4524 Biloxi, MS. 39535 County HarrisonTelephone 228-806-7418 Fax 228-863-1165Treasurer Miles Culbertson Email Address Miles.Culbertson@gmail.com

☐ Check here if above is different from previous report

X January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
All Political Committees, excluding those which supported or opposed a judicial
candidate on the November 2016 General Election ballot.

Termination Report (Committee will no longer accept contributions or make
expenditures, has no outstanding debt obligation and zero cash on hand balance)

Required to terminate reporting
obligations

IMPORTANT

- (1) Annual Reports are mandatory even if no contributions or expenditures have occurred during the preceding calendar year. In such case, the committee shall file a report indicating "0" (zero) for total amount of contributions and expenditures for the reporting period.
- (2) Until a political committee files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a legal holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3,900 +\$ 0	\$ 3,900	\$ 3,900
Total amount of disbursements	\$ 1,750 +\$ 100	\$ 1,850	\$ 1,850
Total amount of cash on hand		\$ 27,616.50	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

29 JAN 2017

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

Political Committees supporting or opposing Statewide, State-District and/or Legislative candidates file this form with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.

Political Committees supporting or opposing county and/or county district candidates or local (county) option elections file this form with the Circuit Clerk's Office.

Political Committees supporting or opposing municipal candidates or local (municipal) option elections file this form with the Municipal Clerk's Office.

Name of Candidate or Committee Scott Delano
 Reporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name LKQ Corporation		01 / 04 / 16	\$ 500.00
Mailing Address 500 West Madison Street- Suite 2800		/ /	\$
City, State, Zip Code Chicago, IL 60661		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Caremark		01 / 19 / 16	\$ 500.00
Mailing Address P.O Box 287		/ /	\$
City, State, Zip Code Lincoln, RI 02865-0287		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Power Company		10 / 28 / 16	\$ 200.00
Mailing Address 2992 West Beach Boulevard		/ /	\$
City, State, Zip Code Gulfport, MS 39502-4079		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 200.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anheuser Busch		11 / 21 / 16	\$ 500.00
Mailing Address One Busch Place		/ /	\$
City, State, Zip Code St. Louis, MO 63118		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Scott DelanoReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>AT&T</u>		<u>11</u> / <u>21</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>111 E. Capitol St STE 6030</u>		<u>12</u> / <u>02</u> / <u>16</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Wal-Mart Stores, INC.</u>		<u>12</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>702 SW 8th Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Bentonville, Arkansas 72716</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Centurytel, Inc.</u>		<u>12</u> / <u>12</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O Box 4065</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Monroe, LA. 71211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Garden Park Medical Center PAC</u>		<u>12</u> / <u>15</u> / <u>16</u>	\$ <u>300.00</u>
Mailing Address <u>15200 Community RD</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Gulfport, MS 39503</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Scott Delano
 Reporting period 01/01/2016 through 12/31/2016

ITEMIZED DISBURSEMENTS

A. Full name Biloxi Diamond Club	Date (Mo., Day, Year) 01 / 21 / 16	Amount of each disbursement this period \$ 500.00
Mailing Address 2381 Sunkist Country Rd.	___ / ___ / ___	\$
City, State, Zip Code Biloxi, MS 39532	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
B. Full name MS CMS Legislative Committee	Date (Mo., Day, Year) 03 / 30 / 16	Amount of each disbursement this period \$ 200.00
Mailing Address 200 South Lamar, Suite 800	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00
C. Full name Our Lady of Fatima	Date (Mo., Day, Year) 05 / 09 / 16	Amount of each disbursement this period \$ 500.00
Mailing Address 2090 Pass Rd	___ / ___ / ___	\$
City, State, Zip Code Biloxi, MS 39531	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 500.00
D. Full name Biloxi Touchdown Club	Date (Mo., Day, Year) 08 / 02 / 16	Amount of each disbursement this period \$ 300.00
Mailing Address 1907 Brasher Road	___ / ___ / ___	\$
City, State, Zip Code Biloxi, MS 39532	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300.00
E. Full name AFSP	Date (Mo., Day, Year) 09 / 13 / 16	Amount of each disbursement this period \$ 250.00
Mailing Address 440 First Street, NW Suite 300	___ / ___ / ___	\$
City, State, Zip Code Washington, DC 20001	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$